

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09763355

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09763355			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED <i>13</i>	NUMBER EXTRA	RATE	FEES	RATE	FEES		
BASIC FEE (07 CFR 1.14(e))				\$		<i>860</i>		
TOTAL CLAIMS (07 CFR 1.14(e))	<i>13</i> minus 20 = <i>-7</i>		x \$	=	OR x \$	= <i>860</i>		
INDEPENDENT CLAIMS (07 CFR 1.14(e))	<i>1</i> minus 3 = <i>-2</i>		x \$	=	OR x \$	=		
MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.14(e))			x \$	=	OR x \$	=		
			+ \$	=	OR + \$	=		
			TOTAL		OR TOTAL	<i>860</i>		
• If the difference in column 1 is less than zero, enter "0" in column 2								
4.14.05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (07 CFR 1.14(e))	<i>8</i> Minus <i>20</i> = <i>-12</i>	x \$	=	OR x \$	=		
Independent (07 CFR 1.14(e))	<i>1</i> Minus <i>3</i> = <i>-2</i>	x \$	=	OR x \$	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.14(e))					+ \$	=	OR + \$	=
			TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (07 CFR 1.14(e))	<i>8</i> Minus <i>20</i> = <i>-12</i>	x \$	=	OR x \$	=		
Independent (07 CFR 1.14(e))	<i>1</i> Minus <i>3</i> = <i>-2</i>	x \$	=	OR x \$	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.14(e))					+ \$	=	OR + \$	=
			TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (07 CFR 1.14(e))	<i>8</i> Minus <i>20</i> = <i>-12</i>	x \$	=	OR x \$	=		
Independent (07 CFR 1.14(e))	<i>1</i> Minus <i>3</i> = <i>-2</i>	x \$	=	OR x \$	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.14(e))					+ \$	=	OR + \$	=
			TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE			

A. If the entry in column 1 is true then the entry in column 2 would also be true.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the Merchant Number Preceding Paid End IN THIS SPACE is less than 30 enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter
the number of the Highest Number Previously Paid For IN THIS SPACE is less than 3 copies. **

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Individual) is the highest number found in the appropriate box in column 7.

Medical Home Statement: This home is evaluated to take 0.7 hours to complete. Time will vary dependent upon the needs of the individual case.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: African Commissioners for

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. USE P.O. BOX 37127, WASHINGTON, DC 20033.

U.S. GOVERNMENT PRINTING OFFICE: 1964 7-1200